

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045060

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 306 Primary Registration District No. 6048 Registrar's No. 48

FILED NOV 20 1963

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Warren	
b. CITY (If outside corporate limits, give TOWNSHIP only) Dardennes Twsp		c. CITY OR TOWN Dutzow, MO.	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Dardenne Hunting Club		d. STREET ADDRESS	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) Robert Joseph Cooper			4. DATE OF DEATH Month Nov. Day 8 Year 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/12/36	9. AGE (last birthday) 26	IF UNDER 1 YEAR Months 10 Days 26 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Heavy machinery		11. BIRTHPLACE (City and state or country) Detroit, Michigan	
13a. FATHER'S NAME Joseph Cooper		13b. MOTHER'S MAIDEN NAME /Sue Paolucci		14. NAME OF HUSBAND OR WIFE Joanne Cooper	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 3/16/54-2/10/58			16. SOCIAL SECURITY NO.		17. INFORMANT JoAnne Cooper - Dutzow, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Mutilation - complete Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) plane crashing from unknown reasons DUE TO (c) 		INTERVAL BETWEEN ONSET AND DEATH instant
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Unknown cause as to why plane crashed	
20c. TIME OF INJURY Hour 8:10 a.m. p.m. Month, Day, Year 11/8/63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> Farm field		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Dardennes Twsp-St. Charles, Missouri		20f. CITY, TOWN, OR LOCATION Dardennes Twsp-St. Charles, Missouri	
21. I attended the deceased from held view to 11/8-9/63 and last saw her alive on Death occurred at 8:10 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i> (Degree or title) Coroner		22b. ADDRESS 12 Cunningham Ct-St. Charles, Mo.	22c. DATE SIGNED 11/9/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11/9/63	23c. NAME OF CEMETERY OR CREMATORY
24. FUNERAL DIRECTOR D.F. Lichtenberg-Matthasville, Mo.		25. DATE RECD. BY LOCAL REG. 11-19-63	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Connie L. Pickering

Licensed Embalmer No. 5189

P. O. Address St. Charles, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.